



Client No. 2036		Client Name OH METEL		Location 1002 OSWEGOT UTICA, NY		Date 12/18/86	
Facility Equipment	Detach Clock	Weapon No.	Holster	Nightstick	Raiscoat	Flashlight	Other
						GATE & TRAIL C KEYS	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) del Vecchio		Officer—Swing Shift (Name) KOKOSZKI RICHARD		Officer—Grave Shift (Name) CORTES, EUGENE	
Shift		Shift		Shift		Shift	
Began 8 AM/PM		Ended 4 AM/PM		Began 4 AM/PM		Ended 12 AM/PM	
Began 12 AM/PM		Ended 8 AM/PM					
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Remarks METEL ROOF OVER RAILROAD TRACKS TARPING OFF MORE - CAN BE PERSONNEL HAZARD IF BLOWS OFF							
VISUAL CH-BLDG PERIMETER INCLUDING FENCE LINE (C) made visual check every hour, large hole in fence on Oswego St (C) MADE VISUAL CK. OF PERIMETER OF BLDG EVERY HR.							
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.							
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.
2. Did you suffer any illness?	Yes	No	Yes	No	Yes	No	Yes
3. Have you reported all accidents coming to your attention?	Yes	No	Yes	No	Yes	No	Yes
Signatures		1.		2.		3.	
Signatures		2.		3.		1.	
Signatures		3.		1.		2.	

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